

..... **Application for GYA Job Approval**

**Before completing this form, please read instructions on reverse side. Please type or print form.**

**Applicant Information:**

Name of Applicant: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Title/Position: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Instructor Information:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**Course Category: (Check One)**

**Course Dates:** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| Budgeting/Finance                                    | Information Management   | Principles of Habilitation Programming             |
| Business, Health Care, Public, or Social             | Individual Family Service Plan Intervention Program Planning & Development | Principles of Leadership/Supervision               |
| Civil and Criminal Investigatory Practices           | Interviewing and Counseling Techniques                                     | Principles of Self-Determination                   |
| Disabilities & Risk Factors from Birth               | Introduction to Developmental Disabilities                                 | Principles of Work                                 |
| Evaluation & Assessment                              | Marketing/Public Relations   | Public or Administrative Law                       |
| Family-Centered Services & Supports                  | Negotiation, Conflict Resolution, & Mediation                              | Statistical Analysis                               |
| Health & Safety Issues Affecting Individuals with DD | Organizational Theory and Development                                      | Strategic Planning, Management, and Implementation |
| Human Resources Management                           | Principles of Behavior Support   | Team Collaboration                                 |
| Individual Program Development                       | Principles of Community Supports & Integration                             |  |
| Infant/Toddler Growth & Development                  | Principles of Group Facilitation   |  |

**Approval/Disapproval: (For DODD use only)**

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved:	<input type="checkbox"/> Instructor's Vita Not Provided
	<input type="checkbox"/> Inappropriate/Inadequate Content	<input type="checkbox"/> Insufficient Credit Hours
	<input type="checkbox"/> Syllabus Not Provided	<input type="checkbox"/> Other (See "Comments" on reverse side.)

Signature of Content Reviewer \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature of Application Processor \_\_\_\_\_

Date Signed \_\_\_\_\_

## Application for College/University Course Approval

### Instructions:

1. This application must be completed and submitted by colleges and universities to recommend a course as meeting the requirements for registration and certification issued by the Ohio Department of Developmental Disabilities (DODD).
2. The college/university course requirements are delineated in Sections 5123:2-5-01 (Adult Services Registration and Certification Standards), 5123:2-5-05 (Early Intervention Registration and Certification Standards), 5123:2-5-07 (Investigative Agent Certification Standards), 5123:2-5-02 (Service and Support Administration Registration and Certification Standards), and 5123:2-5-03 (Superintendent and Assistant Superintendent Certification Standards) of the *Ohio Administrative Code*.
3. In accordance with the *Ohio Administrative Code*, a course must be a minimum of two semester hours or three quarter hours to be considered for approval.
4. A syllabus that identifies topics, timelines, and objectives of the course must be submitted with this form.
5. Failure to properly complete this form or to include supporting documents will result in processing delay.
6. A copy of this form will be returned to the applicant with approval/disapproval noted.
7. Call the Office of Certification at **1-800-617-6733**, if you need assistance completing this form.
8. Email this completed form and supporting documents to [provider.certification@dodd.ohio.gov](mailto:provider.certification@dodd.ohio.gov) or fax to **614-728-7836**.

### Comments: